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324 7590 01/30/2007

CIBA SPECIALTY CHEMICALS CORPORATION
PATENT DEPARTMENT
540 WHITE PLAINS RD
P O BOX 2005
TARRYTOWN, NY 10591-9005

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Lynn Girolamo	(Depositor's name)
<i>Lynn Girolamo</i>	(Signature)
4/27/07	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/525,300	02/14/2005	Jean-Marie Adam	HC/1-22736/A/PCT	5992
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TITLE OF INVENTION: METHOD OF COLOURING POROUS MATERIAL

05/01/2007 HVUONG2 00000048 031935 10525300

01 FC:1504	300.00 DA
02 FC:1501	1400.00 DA
03 FC:8001	12.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1400	\$300	\$0	\$1700	04/30/2007
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EXAMINER	ART UNIT	CLASS-SUBCLASS
ELHILO, EISA B	1751	008-405000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Mervin G. Wood

2 Tyler A. Stevenson

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Ciba Specialty Chemicals Corporation Tarrytown, N.Y. USA

Reel:016907 Frame:0680 Recd.:8/22/05

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-1936 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Tyler A. Stevenson

Date 4/27/07

Typed or printed name

Tyler A. Stevenson

Registration No. 46,388

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